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Breaking hospital language barriers

Interpreters help patients, doctors discuss health care

By Vanessa Bauza

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One minute, Cristina Villanueva is in the neonatal nursery explaining to a Spanish-speaking mother why her English-speaking doctor won't let her baby go home right away. The next she is hurrying to the emergency room to interpret for a Mexican patient admitted for a bleeding ulcer. Then it's off to the front office to assist a Spanish-speaking woman about to have an MRI.

From the delivery room to the chaplain's office, Villanueva and a team of 10 other Spanish-speaking interpreters spend their days crisscrossing Sherman Hospital in Elgin, where nearly a quarter of the patients are Hispanic. Villanueva lives with the constant chirp of her pager. She says she walks up to 6 miles a day in her thick-soled, black shoes, dashing through the hospital's halls to keep up with Hispanic patients' needs.

Spurred by the surge of immigrants in the suburbs -- and a growing awareness of the potential dangers of miscommunication -- hospitals and clinics that once relied on secretaries, janitors or even children to explain complicated medical terminology and deliver life-altering diagnoses are increasingly hiring interpreters, training bilingual professional staff and using phone interpreting services to bridge the language gap.

Health-care advocates say the need has become especially acute in communities trying to keep pace with fast-growing immigrant populations.

"The changing demographics of this country mean more and more suburban hospitals are encountering patients [who speak limited English] on a regular basis," said Mara Youdelman, an attorney with the National Health Law Program in Washington, D.C., that tracks the use of medical interpreters. "More hospitals are recognizing the importance of formalizing their language services."

Sherman Hospital hired its first two staff interpreters in 2000. Since then the team has ballooned to 11. Villanueva not only interprets symptoms, injuries and medical histories but also navigates cultural nuances, explaining patients' superstitions or their use of herbal remedies to medical personnel.

"My job is to let them know the culture, to avoid stereotypes," Villanueva said. "We have so much diversity; you can't close your mind and reject what is not yours."

CyraCom, a Tucson-based company that provides telephone interpreting services to more than 1,000 health-care facilities across the country, reports a 58 percent jump in calls for service in the Chicago area from 2005 to 2006, nearly double the nationwide increase of 32 percent.

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As the demand for medical interpreters has grown, so too has the diversity of languages spoken by patients.

In Chicago this year Cantonese and Mandarin followed Spanish as the most common languages requested by CyraCom's clients, said Ken Kark, vice president of marketing. In Aurora, it was Polish and Swahili after Spanish; in Arlington Heights, Russian and Polish.

"We're seeing languages coming to this country we haven't seen before, and they are being settled in areas that haven't even seen the more common languages before," said Karin Ruschke, president of International Language Services, a Chicago-based company offering telephone interpreters.

At Sherman Hospital's emergency room, Dr. Maurice Binns has learned a few simple Spanish phrases to say directly to patients, such as "open your mouth" and "sit up," but he is grateful he also can call on Villanueva and the others.

That wasn't always the case. At his previous job at a Chicago hospital, doctors and nurses would "grab anyone that spoke Spanish" to interpret for patients, Binns said.

Under the Civil Rights Act of 1964, medical institutions that receive federal funding must ensure patients have access to services regardless of their English proficiency, at no extra cost. In a national survey released last year, 63 percent of hospitals reported seeing patients who spoke limited or no English on a daily or weekly basis.

Despite the growing need for medical interpreters there is still no national certification for the profession. And adequate funding for language services remains a key issue. Individual states determine whether they will reimburse health-care providers for interpreters. Currently only 12 states, not including Illinois, offer Medicaid reimbursement for interpreters, leaving many hospitals and clinics to foot the bill out of their own budgets, Youdelman said.

Maria De Leon, who oversees a staff of 10 Spanish-speaking interpreters at Provena Mercy Medical Center in Aurora, said her department generates no revenue for the hospital, but it does ensure the hospital is complying with the law and helps reach out to a growing community of potential clients.

Health-care advocates say many clinics and hospitals still rely on patients' relatives and other untrained interpreters who can make errors of omission, substitute words or add their opinions. The common practice of using children to interpret is considered especially problematic because it shifts responsibility away from parents and can lead to traumatic role reversals.

"A child should not have to tell a parent 'you have cancer' or explain the informed consent procedure for surgery, or that the mother's child was stillborn," Youdelman said.

Not having a professional interpreter available can also lead to ethical issues, such as if an abusive husband is called on to speak for his battered wife or a well-intentioned relative tries to shield a patient from painful news. De Leon recalled a case in which a patient's relatives did not want her to know she had cancer. When an interpreter arrived to explain the diagnosis, the patient's daughter blocked her entrance to the room.

"She said, 'You will not come in here; my mother is not going to know what she has,'" De Leon recalled. The interpreter did convey the information.

Sometimes simply knowing the right way to address a patient is a big step toward establishing trust.

Douangchay Hedstrom, a Laotian interpreter who occasionally assists at Sherman Hospital, found that addressing male patients as "uncle," a term commonly used for older men, helps break the ice with patients who are uneasy about discussing their private ailments.

"The men are really uncomfortable with me as a woman interpreter. Sometimes when we talk about body parts there is something they hold back," said Hedstrom, who moved to Elgin in 1991 as a refugee. "You use that word [uncle] and that shows a lot of respect and humbleness on my part. They start to open up and let their guard down."

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